STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY COURSE WORK AND CLINICAL EXPERIENCE FORM FOR INTERNS

TO: COLLEGE/UNIVERSITY PROGRAM DIRECTOR OR APPROVED DESIGNEE

The State Board of Examiners for Speech-Language Pathology and Audiology requests that you verify the course work and clinical experience for the individual named on this form. This information is necessary to process the applicant's request for a license.

Please return the completed form to: The State Board of Examiners for Speech-Language Pathology and Audiology, 1100 West 49th St., Austin, TX 78756-3183.

Name of Student	Social Security #		
Name of College/University			

COURSE WORK: Board Rules require the applicant to complete course work (with a grade of "C" or above) as follows:

Item #1: Speech-Language Pathology -

At least 36 semester credit hours in professional course work acceptable toward a graduate degree of which at least 24 semester credit hours are acceptable toward a graduate degree earned in the area of speech-language pathology with six graduate semester credit hours in speech disorders; six graduate semester credit hours in language disorders; and other graduate semester credit hours in courses that include information on the understanding, evaluation, treatment, and prevention of communication disorders across all age spans in a variety of disorders. In addition, six semester credit hours shall be earned in the area of audiology with three semester credit hours in hearing disorders and hearing evaluation and three semester credit hours in habilitative or rehabilitative procedures with individuals who have hearing impairment.

Item #2: Audiology -

At least 36 semester credit hours in professional course work are acceptable toward a graduate degree of which at least 24 semester credit hours are acceptable toward a graduate degree earned in the area of audiology with six graduate semester credit hours in hearing disorders and hearing evaluation; six graduate semester credit hours in habilitative/rehabilitative procedures with individuals who have hearing impairment; and other graduate semester credit hours in courses that include information on hearing disorders, hearing evaluations, habilitative/rehabilitative procedures, and preventive methods including the study of auditory disorders and habilitative/rehabilitative procedures across the life span. In addition, six semester credit hours shall be earned in the area of speech-language pathology with three semester credit hours in speech disorders and three semester credit hours in language disorders.



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For	both	Items	1	and 2,	the	following	shall	app	oly	y
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No more than six semester credit hours awarded graduate credit earned prior to the date the baccalaureate degree is granted are acceptable.

A maximum of six academic semester credit hours associated with clinical experience and a maximum of six academic semester credit hours associated with a thesis or dissertation may be counted toward the 36 hours but not in lieu of the 24 graduate semester hours.

Did the stude	ent meet	the re	quirements of:	
Item #1	yes	no	(Speech-Language	-Pathology)
Item #2	yes	no	(Audiology)	
		*****	*******	******
CLINICAL OF	SERVAT	ION/E	KPERIENCE:	
if the master degree was or referred to as	's degre earned o s clinical	e was n or a practi	earned prior to Nov fter November 10, 1 cum, with individual	of supervised observation and either 275 clock hours vember 10, 1993 or 350 clock hours if the master's 993 of supervised clinical experience which may be s who present a variety of communication disorders cooperating programs?
Item #3	yes	no		
		****	********	*******
MASTER'S D	EGREE T	O BE	CONFERRED:	
requirements	listed in	Items	1-3 but who has not h	ho successfully completed all academic and clinical had the degree officially conferred may be licensed as ssional experience. NOTE: All grades must be final.
			ne academic course v ehensive examinatio	vork, clinical experience requirements, and completed on, if required?
Item #4	yes	no		
Please give	the date	the de	gree will be official	ly conferred
		****	*********	**********************************
Name of Dragger	n Director	or Doois		Signature of Brogram Director or Decimes
Name of Prograr	ii Director (n nesig	iicc	Signature of Program Director or Designee
				Date

Form 3 revised 03/01